



COVERED SERVICES

AHCCCS covers medically necessary medical supplies, durable medical equipment, and orthotic/prosthetic devices when prescribed by a physician, practitioner, or dentist within certain limits based on recipient age and eligibility category.

Covered medical supplies, durable medical equipment, and orthotic/prosthetic devices include, but are not limited to:

- ☒ Medical supplies
 - ✓ Surgical dressings, splints, casts, and other consumable items, which are not reusable and are designed specifically to meet a medical purpose.
- ☒ Durable medical equipment (DME)
 - ✓ Sturdy, long lasting items and appliances that can withstand repeated use, serve a medical purpose, and are not generally useful to a person in the absence of a medical condition, illness, or injury.
 - ✓ Covered DME includes wheelchairs, walkers, hospital beds, bedpans, and other durable items that are rented or purchased.
- ☒ Orthotic/prosthetic devices
 - ✓ Devices that are essential for the rehabilitation of the recipient.

COVERAGE LIMITATIONS AND EXCLUSIONS

Medical equipment may be purchased or rented only when there are no reasonable alternative sources where the equipment can be obtained at no cost.

Total expense of the rental must not exceed the purchase price of the item. Rental fees must terminate no later than the end of the month in which the recipient no longer needs the medical equipment as certified by the authorized provider or when the recipient is no longer eligible.

DME and supplies are an ALTCS-covered service for recipients receiving Home and Community Based Services. DME and supplies are also covered for recipients residing in nursing facilities if they are not included under the facility's per diem rate and if ordered by the attending physician or PCP and approved by the case manager.

Reasonable repairs or adjustments of purchased medical equipment are covered when necessary to make the equipment serviceable and when the cost of the repair is less than the cost of rental or purchase of another unit.



COVERAGE LIMITATIONS AND EXCLUSIONS (CONT.)

The following services are *not* covered:

- ☒ Incontinent supplies, unless determined medically necessary.
- ☒ Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, except to treat a medical condition under a prescription.
- ☒ First aid supplies, except under a prescription.
- ☒ Hearing aids for recipients 21 years of age and older.
- ☒ Prescriptive lenses for recipients 21 years of age and older, except when they are the sole prosthetic after cataract removal.
- ☒ Penile implants or vacuum devices for recipients 21 years of age and older.

BILLING AND AUTHORIZATION REQUIREMENTS

DME revenue codes are not reimbursable to hospitals on the UB-92 claim form. Items must be correctly coded as medical/surgical supplies, or if DME, billed on the CMS 1500 claim form.

Procedures related to DME cannot be interpreted without modifiers that describe the type of service and payment arrangement made. Without an appropriate modifier the claim will be denied. The appropriate modifiers are:

- LL Lease/rental
- NR New when rented
- NU New equipment
- RP Replacement and repair
- RR Rental/DME

All DME (rentals and purchases), prosthetic/orthotic devices, and medical supplies for ALTCS recipients require authorization from the recipient's case manager.

All DME rentals for acute care recipients require prior authorization from the AHCCCS Prior Authorization Unit. PA also is required for DME purchases and prosthetic/orthotic devices when the value for the item exceeds \$200.

Consumable medical supplies (supplies that have limited potential for re-use) require PA when the charge for such supplies exceeds \$50 per month.



APNEA MANAGEMENT AND TRAINING

Providers who bill for apnea management, training, and the use of the apnea monitor must use procedure code E0608 (apnea monitor) and the RR modifier. The total charge billed to AHCCCS must include management, training, and use of the apnea monitor.

Apnea management and training services may not be billed using procedure code 94799 (Unlisted pulmonary service or procedure).